

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/882320

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	28	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	28 minus 20 =	8
INDEPENDENT CLAIMS	3 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	30	28	2
Independent	4	3	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	50	30	
Independent	4	4	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	50	30	
Independent	4	4	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE	OR	RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X\$ 9=		OR	X\$18=	144
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	854

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	36.00
X40=		OR	X80=	168.00
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

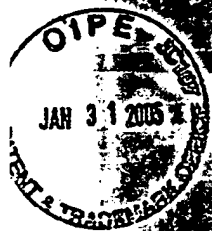
RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

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FORM PTO-875 (Rev. 6/00)

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
U.S. GPO: 2000-480-705/06103

01/31/05 27 - 30 - 0
5 - 4 - 1 - \$200.00



2-1-05

3732
SPW

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Application No.: 09/882,320
Filing Date: June 15, 2001
Applicant: Carver et al.
Group Art Unit: 3732
Examiner: Pedro Philogene
Title: Interphalangeal Fusion Pin
Attorney Docket: 5490-000216

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT

Sir: Op

Exam: In response to the Office Action mailed October 29, 2004, please amend the application as follows and consider the remarks set forth below.

Alon: Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 9 of this paper.

Mail St.
Comm
P.O. B.
Alexand

Sir:

applicat

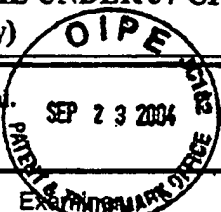
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APP #6AN 16X1

Qdw

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) (Large Entity)	Docket No. NIDN-10372
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In Re Application Of: Sigrid Lise Fossheim, et.al.

Application No. 09/680,284	Filing Date Oct. 6, 2000	Examiner Lauren Q. Wells	Customer No. 36335	Group Art Unit 1617	Confirmation No. 8494
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Invention: Use of Particulate Contrast Agents in Diagnostic Imaging for Studying Physiological Parameters

COMMISSIONER FOR PATENTS:

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of March 24, 2004 above-identified application.
Date

The requested extension is as follows (check time period desired):

- ☐ One month
 ☐ Two months
 ☒ Three months
 ☐ Four months
 ☐ Five months

from: June 24, 2004 until: September 24, 2004
Date Date

The fee for the extension of time is \$950 and is to be paid as follows:

- ☐ A check in the amount of the fee is enclosed.
☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 502-665
☒ If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. 502-665
☐ Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Signature: [Signature]
Date: Sept. 21, 2004

Li Cai
Reg. No. 45,629
Amersham Health, Inc.
101 Carnegie Center
Princeton, NJ 08540
(609) 514-6418

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1. (a)] on <u>9-21-04</u> Date <u>[Signature]</u> Signature of Person Mailing Correspondence Lori B. Allaire Typed or Printed Name of Person Mailing Correspondence
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09/24/2004 HBIZUNES 00000065 502665 09680284
01 FC1253

CC: Pat. m...